

EXHIBIT A

FCRA Consumer Rights attached



Final Updated report

Order No: 5487728

TO:

IBC / ROCKY MOUNT
2551 NORTH CHURCH STREET
P O BOX 591
ROCKY MOUNT, NC 27802

09-11-10797 CI:028618

BACKGROUND INVESTIGATION REPORT

PR-12/3/09

Applicant: HENDERSON, TYRONE BERNETT SR
807 DIXON DRIVE
RICHMOND, VA 23224

Date Entered: 11/05/09

Page: 1

Aka: None

SS No: Not Displayed

Investigation Summary

| Verification Type Information Source | Verification Status | | | | Outstanding Performance | Concern/ Discrepancy |
|---|---------------------|--------|-----|---------|----------------------------|-------------------------|
| | Complete | Closed | N/A | Pending | | |
| FMCSA Safety Sens. | | | | | | |
| WAL-MART DISTRIBUTION CENTER | [] | [] | [X] | [] | [] | [] |
| FMCSA - Acc. History | | | | | | |
| WAL-MART DISTRIBUTION CENTER | [] | [] | [X] | [] | [] | [] |
| FMCSA Safety Sens. | | | | | | |
| GRAPHIC PACKAGING | [] | [] | [X] | [] | [] | [] |
| FMCSA - Acc. History | | | | | | |
| GRAPHIC PACKAGING | [] | [] | [X] | [] | [] | [] |
| Employment | | | | | | |
| WAL-MART | [X] | [] | [] | [] | [] | [X] |
| FMCSA Safety Sens. | | | | | | |
| WAL-MART | [] | [] | [X] | [] | [] | [] |

The information in this report may have been obtained from third-party sources who maintain this information. If this report includes criminal record searches, please note that some minor charges may have been processed in a lower court which has no central reporting location. These types of charges, therefore, may not be included herein. Though Verifications, Inc. (VI) has made every effort to provide accurate information, the accuracy and/or completeness of the information provided cannot be guaranteed. By engaging VI, you release VI, all of its officers, agents, and employees from all liability for any negligence associated with providing the enclosed information.

This information is Confidential and may be used only by authorized personnel.

6900 Wedgwood Rd N Suite 120, Maple Grove, MN 55311
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000023

FCRA Consumer Rights attached



Final Updated report

Order No: 5487728

TO:

IBC / ROCKY MOUNT
2551 NORTH CHURCH STREET
P O BOX 591
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09-11-10797 CI:028618

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PR-12/3/09

Applicant: HENDERSON, TYRONE BERNETT SR
807 DIXON DRIVE
RICHMOND, VA 23224

Date Entered: 11/05/09

Page: 2

Aka: None

SS No: Not Displayed

Investigation Summary

| Verification Type Information Source | Verification Status | | | | Outstanding Concern / | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | Complete | Closed | N/A | Pending | Performance | Discrepancy |
| FMCSA - Acc. History | | | | | | |
| WAL-MART | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment | | | | | | |
| GRAPHIC PACKAGING CORPORATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FMCSA Safety Sens. | | | | | | |
| GRAPHIC PACKAGING CORPORATION | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FMCSA - Acc. History | | | | | | |
| GRAPHIC PACKAGING CORPORATION | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| County Criminal | | | | | | |
| PENNSYLVANIA/WESTMORELAND | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VIRGINIA/RICHMOND CITY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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BACKGROUND INVESTIGATION REPORT

PR-12/3/09

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RICHMOND, VA 23224

Date Entered: 11/05/09

Page: 3

Aka: None

SS No: Not Displayed

Investigation Summary

| Verification Type Information Source | Verification Status | | | | Outstanding Performance | Concern / Discrepancy |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------|-------------------------------------|
| | Complete | Closed | N/A | Pending | | |
| Driving Record | | | | | | |
| VIRGINIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SSN Trace | | | | | | |
| CSC/EQUIFAX | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nat'l Crim Rec Loc | | | | | | |
| NATIONAL DATABASES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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6900 Wedgwood Rd N Suite 120, Maple Grove, MN 55311
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000025



Applicant: **HENDERSON, TYRONE BERNETT SR**
SSN: **Not Displayed**

Date Entered: 11/05/09

FMCSA Safety Sensitive

PR-12/3/09

Source: **WAL-MART DISTRIBUTION CENTER**
10695 FREEDOM TRAIL
GORDONSVILLE, VA 22942-

Non Accessible

Reported Information

Verified Information

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.

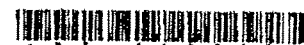
In the past three (3) years, for DOT-regulated testing:

1. Did this individual have an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?

8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

The Driver Application and drug and alcohol history release is required to determine whether this check requires processing. If provided, this verification will be processed.

----- 11/06/09 Verification Updated -----

This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

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Plaintiffs Bate Stamp #000027



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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA - Accident History

PR-12/3/09

Source: WAL-MART DISTRIBUTION CENTER
10695 FREEDOM TRAIL
GORDONSVILLE, VA 22942-

Non Accessible

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----

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6900 Wedgwood Rd N Suite 120, Maple Grove, MN 55311
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943



Plaintiffs Bate Stamp #000028



Page 7 of 22

Applicant: **HENDERSON, TYRONE BERNETT SR**
SSN: **Not Displayed**

Date Entered: **11/05/09**

FMCSA Safety Sensitive

PR-12/3/09

Source: **GRAPHIC PACKAGING**
4500 SARELLEN ROAD
RICHMOND, VA 23231-

Non Accessible

Reported Information

Verified Information

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.

In the past three (3) years, for DOT-regulated testing:

1. Did this individual have an alcohol test with a result of 0.04 or higher alcohol concentration?
2. Did this individual have a verified positive drug test?
3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP

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11/05/09 11:05 AM 11/05/09 11:05 AM 11/05/09 11:05 AM



Page 8 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?

8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

The Driver Application and drug and alcohol history release is required to determine whether this check requires processing. If provided, this verification will be processed.

11/06/09 Verification Updated
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Plaintiffs Bate Stamp #000030



Page 9 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA - Accident History

PR-12/3/09

Source: GRAPHIC PACKAGING
4500 SARELLEN ROAD
RICHMOND, VA 23231-

Non Accessible

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
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9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----

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6900 Wodgwood Rd N Suite 120, Maple Grove, MN 55311
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

Employment

PR-12/3/09

Source: WAL-MART

Complete

10695 FREEDOM TRAIL
GORDONSVILLE, VA 22942-

Was applicant ever employed by you?

Dates of employment (from - to):

Title:

Earnings:

Reason employment ended:

Is applicant eligible for rehire?

Employment Comments:

Reported Information

04/1998 to 11/2009

order filler

17.70/Mo

Still Employed

Verified Information

Yes

04/14/09 to Present

Hourly Associate

See Comments Below

11/05/09 - This information was verified by an automated verification system used by the employer. Please note, the automated system provided applicant's earnings as \$18.20 per hour plus 2009 year to date additional earnings of \$391 bonus and \$30 other. No further information was provided. Due to the discrepancy in employment dates, information has been requested from the Personnel on 11/05/09; any information received will be forwarded.

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Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





Page 11 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA Safety Sensitive

PR-12/3/09

Source: WAL-MART
10695 FREEDOM TRAIL
GORDONSVILLE, VA 22942-

Non Accessible

Comments:

Reported Information

Not Listed

Verified Information

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
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3. Did this individual refuse to be tested (including verified adulterated or substituted drug test results)?
4. Did this individual have other violations of DOT agency drug and alcohol testing regulations, or violations of the alcohol and controlled substances prohibitions under subpart B of Part 382 or 49 CFR Part 40?
5. Did a previous employer report a DOT drug and alcohol rule violation to you?
6. If you answered "yes" to any of the above items, did this individual complete the return-to-duty process?

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP

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Page 12 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?

8. If this individual successfully completed a SAP's rehabilitation program and remained in your employ, did this individual have testing violations subsequent to completion of a Section 382.605 or 49 CFR part 40, subpart O referral?

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Plaintiffs Bate Stamp #000034



Page 13 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA - Accident History

PR-12/3/09

Source: WAL-MART

Non Accessible

10695 FREEDOM TRAIL
GORDONSVILLE, VA 22942-

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
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Voice #: (800)247-0717, FAX #: (603) 884-1140 & (800)248-0943





Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

Employment

PR-12/3/09

Source: GRAPHIC PACKAGING CORPORATION
4500 SARELLEN ROAD
RICHMOND, VA 23231-

Complete

Was applicant ever employed by you?

Dates of employment (from - to):

Title:

Earnings:

Reason employment ended:

Is applicant eligible for rehire?

Employment Comments:

Reported Information

09/2008 to 11/2008

press operator

20.50/Hr

Company Closed

Verified Information

Yes

09/06/00 to 11/15/08

Printing-apprentice

See Comments Below

11/05/09 - This information was verified by an automated verification system used by the employer. Please note earnings of \$10,667 were provided for 2009; however, no employment dates were verified during this timeframe. Please note, the automated system provided applicant's earnings as \$1,600 bi-weekly plus 2008 year to date additional earnings of \$829 overtime, \$663 bonus, and \$7,002 other. No further information was provided.

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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA Safety Sensitive

PR-12/3/09

Source: GRAPHIC PACKAGING CORPORATION
4500 SARELLEN ROAD
RICHMOND, VA 23231-

Non Accessible

Comments:

Reported Information

Verified Information

Not Listed

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
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Applicant: **HENDERSON, TYRONE BERNETT SR**
SSN: **Not Displayed**

Date Entered: 11/05/09

report(s), follow-up testing record).

7. Did this individual fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to Section 382.605 or 49 CFR part 40, subpart O?

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Page 17 of 22

Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

FMCSA - Accident History

PR-12/3/09

Source: GRAPHIC PACKAGING CORPORATION
4500 SARELLEN ROAD
RICHMOND, VA 23231-

Non Accessible

Comments:

1. Was this individual employed by this company?
2. Title:
3. Dates:
4. Did this individual drive a commercial motor vehicle for this company (subject to the FMCSR's)? If Yes, what type:
5. For what types of deliveries was this individual responsible?
6. Has this individual received any safety awards while in your employ?
7. To the best of your knowledge, was this individual a safe driver?
8. Were there any accidents included on your accident register (Section 390.15(b)) that involved this individual in the past three (3) years? If Yes, provide required details.
9. You may also provide information concerning any accidents involving this individual that are retained pursuant to governmental entities or insurer requirements, or that are retained pursuant to your internal policies for retaining more detailed minor accident information.
10. Was this individual's job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?

The Driver Application or Application Supplement is required to determine whether this check requires processing. Please forward the application.

----- 11/06/09 Verification Updated -----
This verification was entered in error. According to federal law, consumers are entitled to the information which is procured for a Consumer Report, therefore we are not able to remove this verification from the report.

This information is Confidential and may be used only by authorized personnel.

6900 Wedgwood Rd N Suite 120, Maple Grove, MN 55311
Voice #: (800)247-0717, FAX #: (605) 884-1140 & (800)248-0943





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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

County Criminal

PR-12/3/09

Developed from NCRL

Source: PENNSYLVANIA/WESTMORELAND

Complete

Review Dates Starting:

2002

Ending:

2009

Criminal Search Results:

A criminal record search must be conducted by a researcher or court clerk at this location. The information was requested on 11/06/09 and will be forwarded upon receipt.

----- 11/11/09 Verification Completed -----

***NOTE: The following case(s) is/are located under: Tyrone Henderson with a matching social security number and date of birth.

(Case number: 2004-04581

09/13/04 Possess with intent to deliver (Felony)

01/17/06 Guilty

Sentence: 2 Years probation, 6 months electronic monitoring and costs (amount not provided).

(09/17/08 Probation revoked: 4 to 23 Months jail.)

-----END-----

Case number: 2007-00541

01/15/07 Theft by unlawful taking (Misdemeanor)

03/23/07 Guilty

Sentence: 48 Hours to 6 months jail and costs (amount not provided).

----- 11/20/09 Verification Updated -----

The accuracy of the previously reported information in this jurisdiction is being disputed. Additional research is being conducted. Any updates will be forwarded upon receipt.

----- 12/01/09 Verification Completed -----

Additional research was conducted to confirm the accuracy of the information reported in this jurisdiction. Based on additional research, the previously reported information is accurate as reported above.

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Plaintiffs Bate Stamp #000040



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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

County Criminal

PR-12/3/09

Source: VIRGINIA/RICHMOND CITY

Complete

Review Dates Starting:

2002

Ending:

2009

Criminal Search Results:

A criminal record search must be conducted by a researcher or court clerk at this location. The information was requested on 11/05/09 and will be forwarded upon receipt. Please note this search may be delayed if a possible record is located. Most possible records require a court clerk to pull the court file to retrieve the defendant's identifying information.

----- 11/10/09 Checked Status -----

----- 11/11/09 Checked Status -----

----- 11/12/09 Checked Status -----

----- 11/12/09 Checked Status -----

----- 11/12/09 Checked Status -----

----- 11/13/09 Verification Completed -----

***NOTE: The following case(s) is/are located under: Tyrone Barnett Henderson Sr. with a matching date of birth.

Case number: GT06015566-00
05/25/06 Reckless driving (Misdemeanor)
06/15/06 Guilty

Sentence: \$140.00 Fine and \$77.00 costs.

-----END-----

Case number: GT01024201-00
07/21/01 No operator license (Misdemeanor)
08/09/01 Guilty

Sentence: \$50.00 Fine and \$30.00 costs.

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Plaintiffs Bate Stamp #000041



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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

Driving Record

PR-12/3/09

Source: VIRGINIA

Non Accessible

Drivers License No.:

Status:

Class:

Expiration Date:

Driving Record:

Reported Information

Verified Information

LICENSED
OPERATOR
01/10/10

01/01/2010

----- 11/05/09 Verification Updated

This verification was submitted electronically on
11/05/09. Information will be forwarded upon receipt.
----- 11/06/09 Verification Completed

***NOTE: The following information is located under:
Tyrone B. Henderson.

12/09/02 - License reinstated
05/25/06 - Reckless driving - speeding 6 Points
09/15/06 - Speeding at school crossing 15-19 mph 4 Points
12/08/07 - Speeding 20 or more mph above speed limit 6
Points
02/28/08 - Speeding 15-19 mph over limit 4 Points
09/19/08 - License suspended due to fail to maintain
judgement orders 0 Points
09/26/08 - License reinstated
07/28/09 - License suspended due to default judgement 0
Points
08/26/09 - License reinstated
----- 11/06/09 Verification Updated

This verification was entered in error. According to
federal law, consumers are entitled to the information
which is procured for a Consumer Report, therefore we are
not able to remove this verification from the report.

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Applicant: **HENDERSON, TYRONE BERNETT SR**
SSN: **Not Displayed**

Date Entered: 11/05/09

SSN Trace

PR-12/3/09

Source: **CSC/EQUIFAX**

Complete

SSN Trace Results:

EQUIFAX DTEC TRACE REPORT

NAME
ADDRESS/ADDRESS REPORTED DATE

HENDERSON, TYRONE BERNETT
FN-HENDERSON, TYRONE BURNETTE

SSN ISSUED 1973;VA

SAFESCANED: Your inquiry has gone through our SAFESCAN data base.

Subject's SSN verified.

Please note that "SSN verified" means 2 or more Equifax customers have reported data to Equifax with this SSN. "SSN not verified" simply means that 0-1 Equifax customers have reported data to Equifax with this SSN. Please see the SAFESCAN warning for the status of the SSN. If it reads only "Your inquiry has gone through our SAFESCAN data base.", the credit bureau is satisfied with the validity of the SSN.

Using the available credit resources, records show the provided Social Security Number (SSN) has been used by someone else for credit purposes. Please confirm that the SSN listed above is the same as provided by the applicant on other documentation and/or on the SSN Card. Verification through the Social Security Administration (SSA) itself can only be done by the company that has hired the applicant by calling 1-800 772 6270. Please note your Federal Tax ID# is required to access this information.

Employment decisions should not be based solely on credit bureau information.

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Applicant: HENDERSON, TYRONE BERNETT SR
SSN: Not Displayed

Date Entered: 11/05/09

National Criminal Record Locator

PR-12/3/09

Source: NATIONAL DATABASES

Complete

Results:

----- 11/06/09 Verification Completed -----
Additional research at the jurisdictional level is required to complete this check. This information was requested on 11/06/09 and, upon receipt, will be included in the applicable jurisdiction contained in this report.

PLEASE NOTE: For a list of information sources used in this search go to: <http://www.verificationsinc.com/pdf/norisource.pdf>

End of report

This information is Confidential and may be used only by authorized personnel.

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Plaintiffs Bate Stamp #000044